

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90143 031 \*\*\*\*61.25

**DOCUMENT # N02000007643**

1. Entity Name

**NEW LIFE, IN CHRIST MINISTRIES, INC**



Principal Place of Business

**1141 NORTHBROOK DR.  
PENSACOLA FL 32504-6641**

Mailing Address

**1141 NORTHBROOK DR.  
PENSACOLA FL 32504-6641**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0035780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, FRANK J  
1141 NORTHBROOK DR.  
PENSACOLA FL 32504-6641**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **BROWN, FRANK J**  
STREET ADDRESS **1141 NORTHBROOK DR.**  
CITY-ST-ZIP **PENSACOLA FL 32504-6641**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVD** ☐ Delete  
NAME **LEWIS-BROWN, SHIRLEY**  
STREET ADDRESS **1141 NORTHBROOK DR.**  
CITY-ST-ZIP **PENSACOLA FL 32504-6641**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PAIGE, JUNE I**  
STREET ADDRESS **8282 MOUNTAIN PASS DR.**  
CITY-ST-ZIP **RIVERDALE GA 30274**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEWIS, ALMA B**  
STREET ADDRESS **330 LEWIS LANE**  
CITY-ST-ZIP **BREWTON AL 32526**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ARRINGTON, PAUL H**  
STREET ADDRESS **2405 DUNBARTON DR.**  
CITY-ST-ZIP **CHESAPEAKE VA 23325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RIVERS, GAILARD A**  
STREET ADDRESS **1141 NORTHBROOK DR.**  
CITY-ST-ZIP **PENSACOLA FL 32504-6641**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/13/03

(850) 479-4052

CR2E037 (10/02)